Filing Date Application Number **CLAIMS ONLY** Applicant(s) * May be used for additional dalms or amendments AFTER SECOND AMENDMENT AFTER FIRST AMENDMENT AS FILED CLAIMS Depend Indep Depend Indep Indep Depend Indep Depend Indep Indep Depend 51 52 53 54 55 56 57 58 59 60 61 62 .. 63 13 64 -- 65--.14 66 67 •15 •16 68 69 .17 18 .19 70 .20 .21 .22 .23 .24 .25 .26 71 72 73 74 75 76 77 78 79 -28 29 30 80 81 31 82 83 32 84 85 86 87 88 89 90 91 92 93 94 95 96 46 97 98 47 99 49. 100 50 Total Indep Total Depend Total Indep Depend Total Claims Total Claims